



DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

Division of Coal Mine Workers' Compensation; Proposed

**Collection; Comment Request: Request to be Selected as Payee
(CM-910)**

ACTION: Notice.

AGENCY: Division of Coal Mine Workers' Compensation, Office of Workers' Compensation Programs, DOL.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed.

Currently, the Office of Workers' Compensation Programs is soliciting comments concerning the proposed collection: **Request to be Selected as Payee (CM-910)**. A copy of the proposed

information collection request can be obtained by contacting the office listed below in the ADDRESSES section of this notice.

DATES: Written comments must be submitted to the office listed in the ADDRESSES section below on or before **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

ADDRESSES: You may submit comments by mail, delivery service or by hand to Ms. Yoon Ferguson, U.S. Department of Labor, 200 Constitution Ave., NW, Room S-3323, Washington, D.C. 20210; by fax to (202) 354-9647; or by Email to ferguson.yoon@dol.gov.

Please use only one method of transmission for comments (mail/delivery, fax, or Email). Please note that comments submitted after the comment period will not be considered.

SUPPLEMENTARY INFORMATION

I. Background: The Black Lung Benefits Act (BLBA), 30 U.S.C. 901 *et seq.*, provides for the payment of benefits to coal miners who are totally disabled due to pneumoconiosis and to certain survivors of the miner. If a beneficiary is incapable of handling his or her affairs, the person or institution responsible for their care is required to apply to receive the benefit payments on the beneficiary's behalf. The CM-910 is the form completed by representative payee applicants. The payee applicant completes the form and either mails it or files it electronically through a web portal for evaluation by the district office that has jurisdiction over the beneficiary's

claim file. Regulations 20 CFR 725.505-513 require the collection of this information. This information collection is currently approved for use through June 30, 2018.

II. Review Focus: The Department of Labor is particularly interested in comments which:

- * Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

- * evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

- * enhance the quality, utility and clarity of the information to be collected; and

- * minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

III. Current Actions: The Department of Labor seeks approval for the extension of this currently-approved information collection in order to carry out its responsibility to evaluate

an applicant's ability to be a representative payee. If the Program were not able to screen representative payee applicants, the beneficiaries' best interests would not be served.

Agency: Office of Workers' Compensation Programs

Type of Review: Extension

Title: Request to be Selected as Payee

OMB Number: 1240-0010

Agency Number: CM-910

Affected Public: Individuals or households; Business or other for profit; Not-for-profit institutions

Total Respondents: 250

Total Annual Responses: 250

Average Time per Response: 15 minutes

Estimated Total Burden Hours: 63 hours

Frequency: On occasion

Total Burden Cost (capital/startup): \$0

Total Burden Cost (operating/maintenance): \$132.50

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: March 13, 2018.

Yoon Ferguson,

Agency Clearance Officer,

Office of Workers' Compensation Programs,

US Department of Labor.

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